

Name: _____

Representing: ☐ Self ☐ Petitioner ☐ Respondent

(If Attorney) State Bar Number: _____

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

FOR CLERK'S USE ONLY

Petitioner

Respondent

Case No. _____

ATLAS No. _____

**SENSITIVE DATA SHEET/COVERSHEET
WITHOUT CHILDREN**

(Confidential Record)

Fill out. File with Clerk of Court. Social Security Numbers should appear on this form only and should be omitted from other forms. Access Confidential pursuant to ARFLAP 43(G)(1).

A. Personal Information

Petitioner

Respondent

Name _____

Gender _____

☐ Male or ☐ Female

☐ Male or ☐ Female

Date of Birth (Month/Day/Year) _____

Social Security Number _____

Mailing Address _____

WARNING!! DO NOT INCLUDE MAILING ADDRESS ON THIS FORM IF REQUESTING ADDRESS PROTECTION

City, State, Zip Code _____

Contact Phone _____

Email Address _____

Current Employer Name _____

Employer Address _____

Employer City, State, Zip Code _____

Employer Telephone Number _____

Employer Fax Number _____

B. Type of Case being filed - Check only one category.

***Check only if no other category applies.**

☐ **Dissolution (Divorce)**

☐ **Legal Separation**

☐ **Annulment**

☐ **Order of Protection**

☐ **Other***

Interpreter needed :

☐ Yes ☐ No

If yes, what language.